

7 June 1963

OS NOTICE NO. 63-4

FOR : All Office of Security Employees

SUBJECT: Available Insurance Coverage for Agency Employees

1. Recently it has been brought to my attention that certain Agency employees and/or their relatives have experienced severe financial hardships because the employees concerned did not avail themselves of the opportunity to obtain Health and/or Life Insurance Coverage offered by the Agency.
2. The purpose of this Notice is to remind all personnel in the Office of Security of the extensive insurance and hospitalization coverage that is available to them and to emphasize to employees at all grade levels, the importance of analyzing ones insurance needs based on individual circumstances, requirements, etc.
3. Each Federal civilian employee is automatically covered by the Federal Employees Group Life Insurance Act unless a waiver is signed requesting no coverage. This statutory plan provides term insurance based on the salary of the person insured. Additional protection is provided for each employee through the Federal Employees Compensation Act which provides compensation for disability or death resulting from an accidental injury sustained in the performance of duty.
4. Within the Agency the Government Employees Health Association, an independent non-profit organization, offers members an opportunity to obtain a variety of other excellent insurance plans at very reasonable rates. The following is a brief outline of the insurance coverage available within the Association:

LIFE INSURANCE (Group Term)

For full-time employees who are U. S. citizens and have not yet attained age 60 years.

WAEPA

Underwritten by Equitable Life Insurance Company of America.
Face Value \$15,000.00. In case of accidental death \$40,000.00.

Cost - through age 40	\$ 8.63 per month	\$103.56 per year
41 through 50	\$10.72 per month	\$128.64 per year
51 through 65	\$12.80 per month	\$153.60 per year

The premiums shown include \$.30 per month for up to \$1,000.00 life insurance coverage on each eligible dependent.

UBLIC

Underwritten by United Benefit Life Insurance Company of Omaha.

<u>Five Plans</u>	<u>Face Value</u>	<u>If By Accident</u>	<u>Monthly Prem.</u>	<u>Yearly Prem.</u>
Class 1	\$ 3,000	\$ 6,000	\$ 2.13	\$ 25.56
Class 2	6,000	12,000	3.96	47.52
Class 3	9,000	18,000	5.79	69.48
Class 4	12,000	24,000	7.62	91.44
Class 5	15,000	30,000	9.45	113.40

The premiums shown include \$.30 per month for up to \$1,000 life insurance coverage on each eligible dependent.

EMPLOYEES HEALTH BENEFITS

ASSOCIATION BENEFIT PLAN (Hospital and Surgical)

Approved by the Civil Service Commission under the Federal Employees Health Benefits Act of 1959.

Cost To You (Each Pay Period)

	<u>High Option</u>	<u>Low Option</u>
Self Only	\$ 1.30	\$.74
Self and Family	4.02	2.03

Self and Family \$ 5.32 \$ 2.84
(Female & Non-
Dependent Husband)

Next Open Season Will be October 1 - 15, 1963.

DREAD DISEASES PLAN

Provides coverage against attacks of poliomyelitis, leukemia, scarlet fever, diphtheria, smallpox, spinal or cerebral meningitis, encephalitis, tetanus or rabies. Payments to you are made regardless of and in addition to any other forms of compensation received from any other sources. Benefits pay up to as much as \$10,000.00 for each incidence of each such disease, within three years after the date of the first treatment.

PREMIUMS

Single \$4.00 per year Family \$10.00 per year

INCOME REPLACEMENT

Provides for weekly payments beginning with the 31st day of disability and continues for as long as life, if resulting from accident, or for up to 10 years if resulting from illness.

	<u>Weekly Benefit</u>	<u>Annual Premium</u>
Class 1	\$ 25.00	\$ 30.20
Class 2	50.00	60.40
Class 3	75.00	90.60
Class 4	100.00	120.80

TRAVEL PLANS

AIR FLIGHT TRIP

Provides coverage for the insured in event of death or loss of limb or sight while a passenger on a scheduled airline. It also provides limited payments for medical expenses connected with accidents covered by the policy. Coverage is for travel on one-way or round-trip flight as described in the application. This does NOT cover travel on MATS or any other type of military or private aircraft.

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Rates

<u>Domestic</u>		<u>Foreign</u>	
\$ 20,000 (Minimum)	\$.50	\$15,000 (Minimum)	\$.50
50,000	1.25	52,000	1.75
100,000	2.50	75,000	2.50
120,000	3.00	105,000	3.50
150,000 (Maximum)	3.75	150,000 (Maximum)	5.00

MILITARY AIR FLIGHT TRIP

Provides coverage as a passenger only similar to "Air Flight Trip" but is extended to cover trips in any aircraft (other than a single engine jet) operated by the U. S. Department of Defense including MATS and military aircraft used primarily for transporting passengers.

Rates

Domestic

<u>Amount</u>	<u>One-way</u>	<u>Round-trip</u>
\$12,500	\$.50	\$1.00
25,000	1.00	2.00
50,000	2.00	4.00

Foreign

\$12,500	\$1.00	\$2.00
25,000	2.00	4.00
50,000	4.00	8.00

TRAVEL-MATIC

Provides coverage for the individual while traveling, as a passenger, on any public transportation vehicle, including aircraft operated by MATS and its Canadian and British equivalents. It covers

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loss of life, limb or sight, and includes payment (up to specified amounts) for medical expenses in connection with covered injuries. Premiums are paid on an annual basis.

	Rates		
\$ 25,000 (Minimum)	---	Annual Premium	\$16.00
50,000	---	" "	31.00
75,000	---	" "	46.00
100,000 (Maximum)	---	" "	61.00

FLITE PLAN

Provides coverage, as a passenger, similar to "Travel-Matic", but extends coverage to civilian non-scheduled aircraft validly transporting passengers commercially, and to most non-MATS military aircraft used primarily for transporting passengers. Premiums are paid on an annual basis.

	Rates		
		Annual premium for each \$1,000 of coverage	\$1.20
Minimum \$8,000	---	Maximum	\$100,000

PARENTS ASSOCIATED MEDICAL ASSURANCE (New)

Initial enrollment period 1 May - 30 June 1963.

Eligibility Requirements:

Parents, Step-Parents, and Parents-in-Law of Staff Employees and Staff Agents will be eligible for PAMA coverage when they have attained the age of 65. They need not be financially dependent upon the employee to be eligible for enrollment.

Premium:

STATINTL (Sec [REDACTED] for additional information).
The premium cost is \$6.85 per month per parent covered.

5. With the exception of the Federal Employees Group Life Insurance Plan and the Association Benefit Hospitalization Plan for which premiums are paid by means of payroll deductions, premiums for any of

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the various plans outlined here can be paid by cash, check or money order made payable to GEHA, Inc. Payments should be submitted to the Insurance Branch, Room 1J-33, Headquarters Building.

For each of the Life Insurance Plans, WAEPA and UBLIC, premiums can be paid on a monthly, quarterly, semi-annual or annual basis. Premiums for at least two months are required with the application for either of these plans. Premiums for the other plans are payable as follows:

DREAD DISEASES PLAN - Annual premium which is renewable 1 December each year. Premiums are pro rated at time of application.


INCOME REPLACEMENT PLAN - Semi-annual or annual premium.

AIR FLIGHT and MILITARY AIR TRIP PLAN - Premium is paid at time of application for the specific flight.

TRAVEL-MATIC PLAN - Annual premium renewable on anniversary date each year.

FLITE PLAN - Annual premium renewable on anniversary date each year.

6. Additional information or assistance in applying for any of the plans offered by the Association can be obtained from the Personnel Branch, A&TS, Room 4E-63, Headquarters Building, or from the Insurance Office, Room 1J-33, Headquarters Building.


Shelley Edwards
Director of Security

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